

Oxygen and Respiratory Therapy Program

Description	Procedure Code	Do Not Bill With	1/1/02 Rental	1/1/02 Purchase
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Oxygen and Oxygen Equipment

Stationary compressed gaseous oxygen system, rental; includes container contents (per unit), regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing. 1 unit = 50 cubic ft. Monthly rental only. Limit: 1 per month. Modifier RR required.	E0424	A4615-A4620, E0439, E0441, E0442-E0444 E0550, E1390, E1405, E1406,	\$195.07	
Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing. Monthly rental only. Limit: 1 per month. Modifier RR required.	E0431	A4615-A4620, E0434, E0441-E0444, E0550	\$36.08	
Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adapter, contents gauge, cannula or mask and tubing. Monthly rental only. Limit: 1 per month. Modifier RR required.	E0434	A4615-A4620, E0431, E0441- E0444, E0550, E0442,	\$36.08	
Stationary liquid oxygen system, rental; includes container, contents (per unit), regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing. 1 unit = 10 lbs. Monthly rental only. Limit: 1 per month. Modifier RR required.	E0439	A4615-A4620, E0424, E0441-E0443, E0550, E1390, E1405, E1406,	\$195.07	
Oxygen contents, gaseous (per unit) (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned). This is a monthly fee. Limit: 1 per month.	E0441	E0424, E0431, E0434, E0439, E0442-E0444, E0550, E1390, E1405, E1406		\$154.73

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Description	Procedure Code	Do Not Bill With	1/1/02 Rental	1/1/02 Purchase
Oxygen and Oxygen Equipment (cont.)				
Oxygen contents, liquid (per unit) (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned). This is a monthly fee. Limit: 1 per month.	E0442	E0424, E0431, E0434, E0439, E0441, E0443, E0444, E1390, E1405, E1406		\$154.73
Portable oxygen contents, gaseous (per unit) (for use with portable gaseous system when no stationary gas or liquid system is used). This is a monthly fee. Limit: 1 per month.	E0443	E0424, E0431, E0434, E0439, E0441, E0442, E0444		\$21.47
Portable oxygen contents, liquid (per unit) (for use with portable liquid systems when no stationary gas or liquid system). This is a monthly fee. Limit: 1 per month.	E0444	E0424, E0431, E0434, E0439, E0441-E0443		\$21.47
Oxygen tent, excluding croup or pediatric tents. Purchase only. Limit: 1 per client. <i>Discontinued for claims with dates of services on and after January 1, 2002.</i>	E0455			B.R.
Oxygen concentrator, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate. Monthly rental only. Limit: 1 per month. Modifier RR required. (Rental includes: humidifier, if needed, cannula or mask and tubing.)	E1390	A4620, E0424, E0439, E0441, E0442, E0550, E1405, E1406	195.07	
Oxygen and water vapor enriching system with heated delivery. Monthly rental only. Limit: 1 per month. Modifier RR required. (Rental includes: humidifier, if needed; cannula or mask and tubing.) <i>Discontinued for claims with dates of services on and after January 1, 2002.</i>	E1405	A4615-A4620, E0424, E0439, E0441, E0442, E0550, E1390, E1406	\$225.53	

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Oxygen and Oxygen Equipment (cont.)

Oxygen and water vapor enriching system without heated delivery. Monthly rental only. Limit: 1 per month. (Rental includes: humidifier, if needed; cannula or mask and tubing.) <i>Discontinued for claims with dates of services on and after January 1, 2002.</i>	E1406	A4615, A4616, E0424, E0439, E0441, E0442, E0550, E1390, E1405	\$215.23	
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Continuous Positive Airway Pressure System (CPAP)				
Continuous airway pressure (CPAP) device.* Purchase required after 2 months rental. Requires results of sleep study performed in an MAA approved sleep center. Limit: maximum of 2 months rental. Modifier RR or 1P required.	E0601	E0452, K0532	\$114.11	\$912.88
Nasal application device used with positive airway pressure device. (Includes nasal shell or mask, and swivel.) Limit: 2 per year.	K0183			\$82.11
Nasal pillows/seals, replacement for nasal application device, pair. Limit: 2 per year.	K0184			\$25.16
Headgear, used with positive airway pressure device. Limit: 2 per year..	K0185			\$40.61
Chin strap, used with positive airway pressure device. Limit: 2 per year.	K0186			\$18.59
Tubing, used with positive airway pressure device. Limit: 2 per year.	K0187	A7010		\$41.90
Filter, disposable, used with positive airway pressure device. Limit: 2 per month allowed.	K0188	K0189		\$5.50
Filter, nondisposable, used with positive airway pressure device. Limit: 2 per year.	K0189	K0188		\$15.66
Humidifier, nonheated, used with positive airway pressure device.* Purchase <u>only</u>. Limit: 1 per year. Modifier 1P required.	K0268			\$109.31

***For owned ventilators and CPAPs** – Use modifier “MS” and type of service “R” indicator when claiming a six-month maintenance check. Limit of one per six months allowed.
Maintenance checks are paid at 50% of the rental rate.

Description	Procedure Code	Do Not Bill With	1/1/02 Rental	1/1/02 Purchase
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Continuous Positive Airway Pressure System (CPAP) (cont.)

Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask(intermittent assist device with continuous positive airway pressure device) (ie:BiPAP S).* Requires results of sleep study performed in an MAA approved sleep center. Purchase required after maximum of 2 months rental. Limit: 1. Modifier RR or 1P required.	K0532	E0601	\$262.13	\$3,931.85
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***For owned ventilators and CPAPs** – Use modifier “MS” and type of service “R” indicator when claiming a six-month maintenance check. Limit of one per six months allowed.

Maintenance checks are paid at 50% of the rental rate.

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Nebulizers and Accessories

Nebulizer, with compressor. Only the following accessories may be billed with this code: A4621 or A7015, A7003-A7006, A7013. Purchase only. When AC/DC adapter is available for use with equipment provided, the adapter is considered included in nebulizer reimbursement. Limit of 1 per client, per 5 years. Modifier 1P required.	E0570	E0500, E0585		\$145.34
Nebulizer, with compressor and heater. Modifier RR required. Discontinued for claims with dates of services on and after January 1, 2002, use E0570 when billing for nebulizers.	E0585	E0500, E0570, E1372	\$30.46	
Face tent. Purchase only. Limit of 3 allowed per client, per month. Modifier 1P required.	A4619	E1390, E1405, E1406		\$1.21
Immersion external heater for nebulizer. Purchase only. Limit: one per 2 years. Modifier 1P required.	E1372	E0585		\$166.55
Administration set, with small volume non-filtered pneumatic nebulizer, disposable. Purchase only. Limit: 1 per month. Modifier 1P required.	A7003	A7004		\$2.80
Small volume nonfiltered pneumatic nebulizer, disposable. Purchase only. Limit: 3 per month. Modifier 1P required.	A7004	A7003, A7005		\$1.84
Administration set, with small volume non-filtered pneumatic nebulizer, non-disposable. Purchase only. Limit: 1 per month. Modifier 1P required.	A7005	A7004		\$31.49

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Nebulizers and Accessories (cont.)				
Administration set, with small volume filtered pneumatic nebulizer. Purchase only. Limit: 1 per month. Modifier 1P required. For Pentamidine administration only.	A7006			\$9.75
Corrugated tubing, disposable, used with large volume nebulizer, 100 feet. Purchase only. Modifier 1P required. Limit: 1 per month.	A7010			\$24.10
Corrugated tubing, nondisposable, used with large volume nebulizer, 10 feet. Purchase only. Modifier 1P required. Limit: 1 per year.	A7011			\$1.49
Water collection device, used with large volume nebulizer. Purchase only. Modifier 1P required. Limit: 8 per month.	A7012			\$3.86
Filter, disposable, used with aerosol compressor. Only when using E0570. Purchase only. Modifier 1P required. Limit: 2 per month.	A7013	A7014		\$8.85
Filter, non-disposable, used with aerosol compressor. Only when using E0565. Purchase only. Modifier 1P required. Limit: 1 per 3 months.	A7014	A7013		\$4.59
Aerosol mask, used with DME nebulizer. Purchase only. Modifier 1P required. Limit: 3 per month.	A7015			\$1.92
Nebulizer, Large Volume, Jet, Humidification for Pulmonary hydration. Limit: 10 per month.	7803E			\$1.77

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Nebulizers and Accessories (cont.)

“Fish” 5cc Saline Vials Limit: 200 per month.	6854E	7805E, K0283		\$.26
Saline solution per 10 ml, metered dose dispenser for use with inhalation drugs. Purchase only Limit: 72 units per month.	A7019	6854E, K0283		\$.35
Compressor, air power source for equipment which is not self-contained or cylinder driven. Rental only. Only the following accessories may be billed with this code: A4619, A4621, E1372 or 6434E, A7006, A7010-A7012, A7014, A7015 and 7803E. Modifier RR required.	E0565		\$52.98	

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IPPB Machines and Accessories

IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source. (Includes mouthpiece and tubing.) Rental only. Modifier RR required.	E0500	E0570, E0585	\$95.32	
Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery. Rental only. Modifier RR required. (Not billable when used with rented ventilator or rented oxygen equipment.) Only allowed for IPPB	E0550	A4615, E0424, E0431, E0434, E0439 E0450, K0533, E0460, E1390, E1405, E1406	\$43.53	

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Suction Pump/Supplies				
Tracheal suction catheter, any type, each. Purchase only. Modifier 1P required.	A4624			\$2.69
Oropharyngeal suction catheter, each (Yankauer). Purchase only. Modifier 1P required. Limit: 4 per month.	A4628			\$3.73
Canister, disposable, used with suction pump, each. Purchase only. Modifier 1P required. Limit: 4 per month.	A7000			\$9.75
Canister, non-disposable, used with suction pump, each. Purchase only. Modifier 1P required. Limit: 1 per year.	A7001			\$33.79
Tubing, used with suction pump, each. Purchase only. Modifier 1P required. Limit: 30 per month.	A7002			\$3.91
Suction pump, home model, portable. Modifier RR or 1P required. Limit: 2 in 5 years, one for use in the home and one for back-up or portability. Deemed purchased after 12 months rental. MAA allows payment for suction supplies, (e.g., gloves and sterile water) when billed by Durable Medical Equipment (DME) providers and pharmacists. See Important Contacts section.	E0600		\$46.78	\$467.80
Suction pump, home model, stationary. Purchase only. Modifier 1P required. Limit: 1 in 5 years. <i>Discontinued for claims with dates of services on and after January 1, 2002, use E0600.</i>	6604E			\$409.94

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Ventilators and Related Respiratory Equipment

Volume ventilator, stationary or portable, with backup rate feature, used with invasive interface (e.g., tracheostomy tube). (Payment includes all necessary accessories, fittings and tubing.)* Rental only. Modifier RR required.	E0450	A4611-A4613, A4616-A4618, E0453, E0460, E0550, K0533	\$828.84	
Respiratory assistive device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask. (Intermittent assist device with continuous positive airway device). (Bipap ST) (Payment includes all necessary accessories, fittings and tubing.)* Rental only. Modifier RR required.	K0533	A4611-A4613, A4616-A4618, E0450, E0453, E0460, E0550	\$656.01	
Negative pressure ventilator; portable or stationary. (Payment includes all necessary accessories, fittings, and tubing.)* Rental only. Modifier RR required.	E0460	A4611-A4613, A4616-A4618, E0450, E0453, E0550, K0533	\$749.39	
Humidifier heater, with temperature monitor and alarm. (Limited to clients that are mechanically ventilated or clients that have tracheostomies and require heated humidification). Rental only. Modifier RR required.	6434E	E0424, E0431, E0434, E0439, E0550, E1390, E1405, E1406	\$181.57	
Battery, heavy duty; replacement for patient-owned ventilator. Purchase only. Modifier 1P required. Limit: 1 per 2 years.	A4611	E0450, E0453, E0460, K0533		\$170.58
Battery cables; replacement for patient-owned ventilator. Purchase only. Modifier 1P required. Limit of 1 per 2 years.	A4612	E0450, E0453, E0460, K0533		\$78.42

*For owned ventilators and CPAPs – Use modifier “MS” and type of service “R” indicator when claiming a six-month maintenance check. Limit of one per six months allowed. Maintenance checks are paid at 50% of the rental rate. **Modifier “5B” and type of service “R” indicator required when claiming a secondary “backup” ventilator for the same client.**

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Ventilators and Related Respiratory Equipment (cont.)

Battery charger; replacement for patient-owned ventilator. Purchase only. Modifier 1P required. Limit of 1 per 2 years.	A4613	E0450, E0453, E0460, K0533		\$147.32
Cannula, nasal. For patient-owned equipment. Purchase only. Modifier 1P required. Limit: 2 per month.	A4615	E0424, E0431, E0434, E0439, E1405, E1406.		\$1.81
Tubing (oxygen), per foot. For client-owned equipment. Purchase only. Modifier 1P required.	A4616	E0424, E0431, E0434, E0439, E1390, E1405, E1406, E0450, E0453 E0460, K0533		\$0.09
Mouthpiece. For client-owned equipment. Purchase only. Modifier 1P required. Limit: 4 per month.	A4617	E0424, E0431, E0434, E0439, E0450, E0453, E0460, E1390, E1405, E1406, K0533		\$1.88
Breathing circuits. For use with client-owned equipment. Purchase only. Modifier 1P required. Limit: 4 per month.	A4618	E0424, E0431, E0434, E0439, E0450, E0453 E0460, E1390, E1405, E1406, K0533		\$7.83
Variable concentration mask. For client-owned equipment. Purchase only. Modifier 1P required. Limit: 4 per month.	A4620	E0424, E0431, E0434, E0439, E1390, E1405, E1406		\$2.54
Sterile saline or water, 30 cc vial. Purchase only. Modifier 1P required. Limit: 1 per day.	A4214			\$1.52

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Ventilators and Related Respiratory Equipment (cont.)

Water, distilled, used with large volume nebulizer, 1000ml. Purchase only. Modifier 1P required. Limit: 16 per month.	A7018			\$.39
Water, sterile (1000cc. bottle). Purchase only. Modifier 1P required. Limit: 50 per month.	A4712			\$2.68
Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler (e.g., Aerovent). Limit: 6 per child, per year; 3 per adult, per year.	A4627			\$23.35
Percussor, electric or pneumatic, home model. Purchase only. Modifier 1P required. Limit: 1.	E0480			\$448.90
Flutter valve. Purchase only. Modifier 1P required. Limit: 2 per year.	6671E			\$42.40
Positive Expiratory Pressure Therapy System. Includes: mask (pediatric or adult), valved resistor, detachable monitoring port, tubing and pressure indicator. Purchase only. Modifier 1P required. Limit: 2 per year.	6894E			\$37.92

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Tracheostomy Care Supplies

Tracheostomy cleaning brush, each. Purchase only. Modifier 1P required. Limit: 1 per day.	A4626	7804E		\$3.26
Tracheostomy care kit for new or established trach (includes: basin or tray, trach dressing, gauze sponges, pipe cleaners, cleaning brush, cotton tipped applicators, twill tape, drape, and sterile gloves). Purchase only Modifier 1P required.	7804E			\$2.76
Tracheostomy or laryngectomy tube. Purchase only. Modifier 1P required. Limit: 1 per client per month.	A4622	A4623		\$58.51
Tracheostomy, inner cannula (replacement only). Purchase only. Modifier 1P required. Limit: 1 per client per month.	A4623	A4622		\$6.69
Tracheostomy tube holder, neckband. Purchase only. Modifier 1P required. Limit: 15 per month.	6510E	6442E		\$3.47
Tracheostomy ties, each. Purchase only. Modifier 1P required.	6442E	6510E, A4625, A4629		\$6.9
Tracheostomy mask or collar. Purchase only. Modifier 1P required. Limit: 4 per month.	A4621			\$1.39
Tracheostomy and ventilator speaking valve. Purchase only. Modifier 1P required. Limit: 2 per year.	6840E			\$60.95

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Apnea Monitor and Supplies

Apnea monitor. Rental only. Maximum of six months rental allowed. Modifier RR required. Payment includes necessary accessories.	E0608		\$286.40	
Electrodes (e.g., Apnea monitor), per pair. Purchase only. Modifier 1P required. <i>For use only when client is unable to tolerate carbon patch electrodes.</i> Limit: 15 per month	A4556	6893E E0608 A4558		\$10.54
Conductive paste or gel. Purchase only. Modifier 1P required.	A4558			\$5.31
Apnea belt kit (includes 2 belts, 4 electrodes, and 4 lead wires). Purchase only. Modifier 1P required. Limit: 2 per month.	6893E	A4556, A4557		\$25.92

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Professional Services

Respiratory therapy initial home visit; patient intake and evaluation. Allowable one time following a referral, per client.	6600E	6391E, 6413E, 6450E, 6601E		\$38.64
Respiratory therapy home visit: subsequent, includes oximetry services.	6601E	6391E, 6413E, 6450E, 6600E		\$30.57
Professional visit for clients on outpatient aerosolized pentamidine therapy, MUST be made by a physician, an Advanced Registered Nurse Practitioner (ARNP), a Respiratory Therapist (RT). Limit: 1 per month.	6450E	6391E, 6413E, 6600E, 6601E		\$46.18
Ventilator therapy initial home visit, patient intake and evaluation. Allowed one time per provider, per client.	6413E	6001E, 6391E, 6450E, 6600E		\$50.80
Ventilator therapy home visit; billed by any qualified ventilator provider.	6391E	6413E, 6450E, 6600E, 6601E		\$46.18
Pneumocardiogram or polysomnogram (one year of age and under) service; with recording equipment. Not to be used on a routine basis. Use only when medically indicated.	6616E			\$152.89

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Description	Procedure Code	Do Not Bill With	1/1/02 Rental	1/1/02 Purchase
Miscellaneous				
Tapes, all types, all sizes. Purchase only. Modifier 1P required.	A4454			\$2.66
Peak expiratory flow rate meter, hand held. Purchase only. Modifier 1P required. Limit: 3 per client, per year.	A4614			\$24.29
Aerosol effusion bag. Purchase only. Modifier 1P required.	6610E			\$3.08
Condenser, disposable; each; (e.g., Cascade breathaid artificial noses). Purchase only. Modifier 1P required. <i>Discontinued for claims with dates of services on and after January 1, 2002, use A7509.</i>	6612E			\$3.49
Filter holder and integrated filter housing, and adhesive, for use as tracheostoma heat and moisture exchange system, each. (Condenser, nondisposable e.g., artificial nose.) Purchase only. Modifier 1P required.	A7509			\$3.56
Oximeter, complete with all necessary accessories and supplies except probes. Rental only. Modifier RR required.	S8105		\$130.76	
Oximeter probe/sensor, non-disposable. Purchase only. Modifier 1P required. Limit of 1 per month.	6437E			\$179.46
Oximeter probe/sensor, disposable Purchase only. Modifier 1P required. Limit: 4 per month.	7806E			\$18.18
Spirometer; (handheld) non-hospital, disposable. Purchase only. Modifier 1P required. Limit: 2 per year.	6642E			\$9.56

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Miscellaneous (cont.)				
Resuscitator bag; non-disposable, adult/pediatric size. Purchase only. Modifier 1P required. Limit: 2.	6620E	6509E		\$134.11
Resuscitator bag; disposable, adult/pediatric size. Purchase only. Modifier 1P required. Limit: 2.	6509E	6620E		\$50.99
Non-routine replacement parts for equipment repair. For purchased equipment only. Must bill with statement of warranty coverage. See repair policy for documentation requirements.	6263E			80%
Repair or non-routine service medical oxygen equipment requiring the skill of a technician, labor component, per 15 minutes. Taxable. For purchased equipment only. Must bill actual repair cost and statement of warranty coverage, see repair policy.	6952E			\$15.76
Oxygen-related durable medical equipment, miscellaneous. See miscellaneous oxygen related DME policy before billing this code.	7999E			BR%

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